MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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PARCE OF BANK COUNTY Cou	DO NOT WRITE		AME	NDED		gistration District No318Primary Registration	n District 14003	Registrar's No. 743	STATE FILE NUMBER	R
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ADDRESS 4922 Claxton Yes 3 3 3 3 3 3 3 3 3	ı L	آ≷	Ί. Ι	-		c. FULL NAME OF (If NOT in hospital, give location)		d. STREET	118	side on Farm
3. NAME OF DESCRISED FIRST G. COLOR OR RACE Middowed Divorced	2 8 -	ᅰ	1			HOSPITAL OR		I ADDRESS		s [] No.459
HARRY G SPECKING DEATH July 17 19	<u> - 20</u>	1/2	$\perp \perp$	\bot	.↓ I			7366	ZAR DOM . TE	
HARRY SECKING SECKI	3 7		1			(Type or print)	Middle	Lest 4. DATE	Month Day	Year
5. SEX 6. COLOR OR RACE male white male white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. CKIND OF BUSINESS OR INDUSTRY 11. BIRMPHACE (City and state or country) 12. CITIZEN OF WHAT CO ORKYILLE, MISSON OF WART ORKY		4		-		HARRY	G S	SPECKING DEATH	July 17	1963
Manual Companies Manual Content Ma	40	-	+ 1	1					as birthday) IF UNDER 1 YEAR IF	UNDER 24 HR
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) [If yes, give war or dates of the part of the p		າ ໄ	1 1		1		OTHER'S MAIDEN NAME	<u> Oakville, Mias</u>	NAME OF HISPAND OF WIFE	
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IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under lying cause last. Due to (b). Out to (c) Out to	- 10	₹	1 1		复	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY:	, and (c).	<u>_</u>	INTERV ONSET	AL BETWEEN
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22c. SIGNATURE (Degree or title) 22b. ADDRESS 22c. SIGNATURE (Degree or title) 22c. DAT 7/1/ 23a. BURIAL GREMATION, 1/23d DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stat	18 TE					0.15	m on th	• •	 '	stated.
122a. SIGNATURE (Degree of Title) 22a. SIGNATURE (Degree of Title) A. J. 634 N. Grand (City, town, or county) (State) (State) (State) (State) (Degree of Title) (Degree of Ti	ا≩یپر	15	\	-	<u> </u>					. DATE SIGNED
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STATEMENT BY LICENSED EMBALMER

rking under my personal supervision.	
dent	Signed Riefred JBusklo
Signature of Student Embalmer	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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